

(1) PLACE OF BIRTH

County of Wade
 Township of Proctorville
 or
 Inc. TOWN of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

13116

Registration District No. 47201 Registered No. 7
 (For use of Local Registrar)

City of (No.) St. Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maggie Proctor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 8 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Paul Proctor(9) PRESENT POSTOFFICE OF FATHER Buffalo #1(10) COLOR OR RACE cal (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Mo(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Proctor(15) PRESENT POSTOFFICE OF MOTHER Buffalo #1(16) COLOR OR RACE cal (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Mo(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born a live at 10 4 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlatta Rice (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Proctorville

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7 19 22 (28) J. M. Proctor Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.